FORM D UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

14007

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB A	PROVAL
Expires: Estimated average	3235-0076 April 30, 2008 e burden16.00
SEC US	SE ONLY
Prefix	Serial
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DATE R	ECEIVED
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	s of K2 Diversified Fund,		has changed, and i	ndicate change.)		
	k box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	☐ Section 4(6)	ULOE
Type of Filing:	New Filing					
		A. BASI	CIDENTIFICAT	ION DATA		IRRO (ANIE) ARIERO COMO INCOMENDO DE COMO DE
1. Enter the infor	mation requested about th	e issuer				
Name of Issuer	check if this is an a		nas changed, and in	dicate change.		
K2 Diversified Fur			-	Ū	1123111	07083910
Address of Executive			(Number and Stre	et, City, State, Zip Co		iumber (including Area Code)
c/o Maples Financ	e BVI Ltd., Kingston Cha	mbers, P.O. Box 173,	Road Town, Torto	ola, BVI	<i>'</i> '''	to (motourig till a bodd)
Address of Principa	al Offices		(Number and Stree	et, City, State, Zip Co	ode) Telephone N	lumber (Including Area Code)
(if different from Ex	ecutive Offices)		F	ROCECCE	. n	(o.da.ing / ilod 0000/
Brief Description of	Business: Private In	vestment Company			D	
		<u></u>		NOV 2.0 2007		
Type of Business O	Organization			2 0 2007		
	☐ corporation	🔲 limited p	artnership, already	rathomson	dther (please sp	pecify)
	business trust	☐ limited p	artnership, to be fo	MANCIAL	British Virgin Isla	nds Corporation
			Month	Year		
	Date of Incorporation or C	<u> </u>	0 5	20	07 ⊠ Act	tual
Jurisdiction of Incom	poration or Organization:	Enter two-letter U.S. P	ostal Service Abbre	viation for State;		
		CN	l for Canada; FN fo	r other foreign jurisdi	ction) F	N

GENERAL INSTRUCTIONS

Federal:

Name of Officia

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

4		A. BASIC II	DENTIFICATION DAT	' A	4v =
 Each beneficial ow Each executive offi 	he issuer, if the is mer having the po icer and director o	ssuer has been organized wi	rect the vote or disposition of		a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☐ Administra	tor 🔲 Beneficial Owner	☐ Executive Officer	☐ Director	☑ Investment Manager
Full Name (Last name first,	if individual): K2	2/D&S Management Co. L.L	C.		
		d Street, City, State, Zip Coo	de):	 	
300 Atlantic Street, 12th Fl			Пг . or		
Check Box(es) that Apply:	Administrat	tor Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	if individual): Cit	tco Fund Services (Curaca	io) N.V.		
		d Street, City, State, Zip Coo	de): Kaya Flamboyan 9		
P.O. Box 4774, Willemstad					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual): W	illiam A. Douglass, III			
Business or Residence Add 300 Atlantic Street, 12th F		- · · · · · · · · · · · · · · · · · · ·	de): c/o K2/D&S Manageme	ent Company, L.L	.C.
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	if individual): J	John T. Ferguson, Jr.			
Business or Residence Add 300 Atlantic Street, 12 th Fic			de): c/o K2/D&S Manageme	ent Company, L.L	.c.
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer		☐ General and/or Managing Partner
Full Name (Last name first, i	f individual): De	avid C. Saunders			
Business or Residence Addr			e): c/o K2/D&S Manaç	gement Company	, L.L.C.
300 Atlantic Street, 12th Flo					
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Michelin North America, I	nc. Master		
Business or Residence Addi 300 Atlantic Street, 12 th Flo	-	•	e): c/o K2/D&S Manageme	ent Company, L.L	.c.
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	K2 Institutional Inves	stors II, Ltd.		
Business or Residence Addr			e): c/o K2/D&S Manageme	ent Company, L.L	c.
300 Atlantic Street, 12th Flo					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	e):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

													
1. 1	Has the issu	er sold, or	does the i	ssuer inter	nd to sell, t Answer	o non-acc: also in Ap	redited inve pendix, Co	estors in th	nis offering filing unde	? r ULQE.		☐ Yes	No ·
2.	What is the r	ninimum ir	nvestment	that will be	accepted	from any	individual?	•					
*subject to reduction at the sole discretion of the Board of Directors										\$1,	*000,000		
3. I	Does the off	ering perm	it joint own	ership of a	a single un	it?						▼ Yes	□ No
6 6	Enter the info any commiss offering. If a and/or with a associated p	sion or sim person to state or s	ilar remun be listed is tates, list t	eration for s an assoc he name c	solicitation lated person of the broke	n of purcha on or ager er or deale	isers in coa it of a brok r. If more	nnection w er or deale than five (rith sales o er registere 5) persons	f securitie ed with the to be liste	s in the SEC d are		
Full N	ame (Last n	ame first, i	if individua	l)									· · · · · · · · · · · · · · · · · · ·
Busin	ess or Resid	lence Addi	ress (Numi	ber and St	reet, City,	State, Zip	Code)				_ ,		
Name	of Associate	ed Broker	or Dealer								.		
States	in Which P Check "All S	erson Liste	ed Has Sol heck indivi	icited or In	tends to S	olicit Purc	hasers						☐ All States
□ [Al				CA]						☐ [GA]	[HI]	□ [ID]	
	□ [IN]	□ [IA]	☐ [KS]	□ [KY]	☐ [LA]	☐ [ME]	[MD]	☐ [MA]	[IM]	[MM]	☐ [MS]	☐ [MO]	
□ [M]	r) 🗆 [NE]	□ [NV]	□ [NH]	[LN]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ (OH)	[○K]	□ [OR]	□ [PA]	
□ [RI] [SC]	☐ [SD]	[NT]	□ [TX]	[TU]	□ [VT]	[AV]	[WA]	□ [WV]	□ [WI]	□ [WY]	☐ [PR]	
Full N	ame (Last na	ame first, it	f individual)			· ., <u>.</u>	<u> </u>					
Busine	ess or Resid	ence Addr	ess (Numt	per and Sti	eet, City,	State, Zip	Code)						
Name	of Associate	ed Broker o	or Dealer										
States (0	in Which Pe Check "All S	erson Liste tates" or ct	d Has Soli neck indivi	cited or In	tends to S	olicit Purch	nasers						☐ All States
☐ [AL		□ [AZ]		CA]						□ [GA]	□ (HI)	□ [ID]	
	[NI]	□ (iA)	☐ [KS]	☐ [KY]	[LA]	☐ [ME]	☐ [MD]	[MA]	[M]	☐ [MN]	☐ [MS]	[OM]	
□ [М]] [NE]	[NN]	□ [NH]	□ [NJ]	□ [NM]	[YN]	□ [NC]	[ND]	[HO]			□ [PA]	
□ [Pi]		☐ (SD)	[אדן 🗖	□ [TX]		[√T]	□ [VA]	□ [WA]	□ [WV]	□ [WI]	□ [WY]	□ [PR]	
Full Na	ıme (Last na	ıme first, if	individual)						-			
Busine	ss or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name	of Associate	d Broker o	r Dealer		•								
States (C	in Which Pe theck "All St	rson Lister ates" or ch	d Has Soli leck individ	cited or Int	ends to So	olicit Purch	asers						☐ All States
☐ [AL]	☐ [AK]	□ [AZ]	[AR]	☐ [CA]		☐ [CT]	□ [DE]	☐ [DC]	□ [FL]	☐ [GA]	[HI]	□ [ID]	
	□ (IN)	□ [IA]	☐ [KS]	[KY]	□ [LA]	[ME]	[MD]	[MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
] [NE]	□ [NV]	□ [NH]	[NJ]	□ [NM]	[NY]	☐ [NC]	□ [ND]	[HO]	□ [OK]	□ (OR)	□ [PA]	
□ [RI]	[SC]	□ [SD]	□ [TN]	[XT]		[V]	□ [VA]	[AW]	[vw]	[WI]	□ [WY]	🗆 [PR]	
				(Use blan	nk sheet, c	r copy and	use addit	ional copie	s of this s	heet, as n	ecessary)	· -	

B. INFORMATION ABOUT OFFERING

3 of 8

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A	ND	USE OF PROCE	DS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	. \$	_	\$	0
	Equity				0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	. \$	0	\$	0
	Partnership Interests		- -		0
	Other (Specify) Shares		500,000,000	s	294,099.107
	Total		500,000,000	\$	
	Answer also in Appendix, Column 3, if filing under ULOE	_		-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		6	\$	294,099.107
	Non-accredited Investors		n/a	\$	n/a
	Total (for filings under Rule 504 only)		0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505	_	n/a	\$	n/a_
	Regulation A		n/a	\$	n/a
	Rule 504		n/a	\$	n/a
	Total	_	n/a	<u>s</u>	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs	, .		\$	0
	Legal Fees		🛭	\$	10,000
	Accounting Fees			\$	0
	Engineering Fees		_	\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			s	

\$ 10,000

4	b.Enter the difference between the aggregate offering price given in response to and total expenses furnished in response to Part C-Question 4.a. This difference gross proceeds to the issuer."	nce is the "ad	djusted			<u>\$</u>	499,99	0,000
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or used for each of the purposes shown. If the amount for any purpose is not known estimate and check the box to the left of the estimate. The total of the payment	own, furnish a nts listed mus	an st equal				`	
	the adjusted gross proceeds to the issuer set forth in response to Part C – Que	eston 4.0. ac	ove.	C Dir	ments to officers, rectors & ffiliates			ments to
	Salaries and fees			\$	0		\$	0
	Purchase of real estate			•	0		\$	0
			_	•	0		<u>* </u>	0
	Purchase, rental or leasing and installation of machinery and equipmen			*				
	Construction or leasing of plant buildings and facilities	ed in this other issuer	_	\$	0		\$	0
	pursuant to a merger			\$	0		3	
	Repayment of indebtedness			\$	0		-//00	990,000
	Working capital			\$	0		\$433,	
	Other (specify):			\$	0		<u>\$</u>	0_
				\$	0		\$	0
	Column Totals			\$	0	×		,990,000
	Total payments Listed (column totals added)				⊠ <u>\$</u> ²	,99 <u>,</u> 9	90,000	-
	D. FEDERAL S	IGNATUR						
The	is issuer has duly caused this notice to be signed by the undersigned duly autho			notico is file	d under Rule	505 the		signature
cor	is issuer has duly caused this notice to be signed by the undersigned duly authoristitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchathe issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 5	ange Commi:	ssion, up	oon written i	equest of its s	taff, the	informatio	n furnished
	uer (Print or Type) Signature	7 -			Da	te		•
	Diversibited (Fund; Bodd, 6.2.) me of Signer (Print or Type) Title of Signer (Print	dr Tlyna)		· 	No	vemb	er 14,	2007
	hn T. Ferguson Director / /	(v. lype)						
	<u> </u>			<u></u>				
	•							
	ATTENTI	ION						
	Intentional misstatements or omissions of fact constitut	te federal cri	iminal v	iolations. (See 18 U.S.C.	1001.)		

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	3	м.			VIII	-		ıĸг	•

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D
 (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	\$ignature/	Date
K2 Diversified Fund, Ltd.	fell	November 14, 200
Name of Signer (Print or Type)	Titte/of Signer (Pfint or Type)	
John T. Ferguson	Pirector	

Instruction:

Print the names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manual not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				AP	PENDIX						
1		2	3			4		5	;		
	to non-a investors	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C - Item 1)		Type of ir amount purc (Part C	nvestor and hased in State – Item 2)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)			
State	Yes	No	Shares	Number of Accredited Investors	Number of Number of Accredited Non-Accredited						
AL											
AK											
AZ											
AR							·				
CA											
СО											
СТ		×	\$500,000,000	1	\$206,451,806	0	\$0		X		
DE											
DC								ļ			
FL											
GA		!	****								
НІ											
ID									ļ		
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NH								-			
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NM							· ···	-			
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		•		AF	PENDIX							
1		2 4										
	to non-a	I to sell ccredited s in State – Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)							
State	Yes	No	Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
NY		х	\$500,000,000	2	\$1,600,000	0	\$0	Ì	Х			
NC							······································	ĺ				
ND							<u> </u>					
ОН												
ОК												
OR												
PA												
RI												
sc		х	\$500,000,000	1	\$60,000,000	0	\$0		X			
SD			·-···									
TN												
TX		X	\$500,000,000	1	\$25,000,000	0	\$0	1	Х			
UT								ļ				
VT		_						<u> </u>				
VA		X	\$500,000,000	1	\$1,047,301	0	\$0	ļ	Х			
WA												
wv												
WI												
WY												
Non								1				

